

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030509

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 25Primary Registration District No. 3015Registrar's No. 84

STATE FILE NUMBER

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

DEKALBb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CAMERONLength of stay in 1b  
60 YRSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HomeInside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DEKALBInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN CAMERONd. STREET  
ADDRESS N. E. CAMERONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Hatch FWARD4. DATE  
OF DEATH

Month

Day

Year

Aug. 19. 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-30-891

## 9. AGE (last birthday)

70.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

MT. AIR. IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

FRANK M. HEARN

## 13b. MOTHER'S MAIDEN NAME

Emma Jane White

## 14. NAME OF HUSBAND OR WIFE

G. J. Ward, Sr.15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NUMBER

[REDACTED]

17. INFORMANT

G. J. Ward, Jr.

Address

CAMERON, MO18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UremiaINTERVAL BETWEEN  
ONSET AND DEATH3 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral Arterio sclerosis1 yr.

DUE TO (c)

Arterio sclerotic heart disease5 yrs.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Orthostatic HypotensionPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-16-62 to 5-19-62 and last saw her 8-18-62Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

Cameron, Mo

22c. DATE SIGNED

8-20-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)BURIAL

23b. DATE

Aug. 21. 62

23c. NAME OF CEMETERY OR CREMATORY

KENNEY CEMETERY

23d. LOCATION (City, town, or county)

CAMERON, MO

(State)

24. FUNERAL DIRECTOR

Demoss CAMERON, MO.

ADDRESS

Aug 29 1962

25. DATE RECD. BY LOCAL REG.

Francis W. Crawford

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 03212 032134 15 167 18 29 4200101112 90-213 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2533

P. O. Address Camden Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.